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Secretary of State

01-26-2005 90013 036 ***150.00

2005 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P04000121085			
1. Entity Name BJ & SUN, INC			
Principal Place of Business 2155 WEST COLONIAL DR ORLANDO, FL 32804 US		Mailing Address 7240 WESTPOINTE BLVD # 1111 ORLANDO, FL 32835 US	
2. Principal Place of Business <i>Same as above</i>		3. Mailing Address <i>6084 Stevenson Dr</i>	
Suite, Apt. #, etc.		Suite, Apt. #, etc. <i>201</i>	
City & State		City & State <i>Orlando, FL</i>	
Zip	Country	Zip	Country
		<i>32835</i>	<i>Orange</i>
6. Name and Address of Current Registered Agent YOO, BJ 7240 WESTPOINTE BLVD # 1111 ORLANDO, FL 32835		4. FEI Number <i>20-1528844</i>	
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
7. Name and Address of New Registered Agent Name <i>Yoo, BJ</i>		Applied For <input type="checkbox"/> Not Applicable	
Street Address (P.O. Box Number is Not Acceptable) <i>6084 Stevenson Dr #201</i>			
City <i>Orlando</i> FL Zip Code <i>32835</i>			
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE <i>Byung Sun Yoo</i> (NOTE: Registered Agent signature required when reinstating) DATE			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P YOO, BJ 7240 WESTPOINTE BLVD # 1111 ORLANDO, FL 32835 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Yoo, BJ</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>6084 Stevenson Dr #201</i> <i>Orlando FL 32835</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC HWA, SUN 7240 WESTPOINTE BLVD # 1111 ORLANDO, FL 32835 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Yoo, Sun Hwa</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>6084 Stevenson Dr #201</i> <i>Orlando FL 32835</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <i>Byung Sun Yoo</i>		<i>1-18-05 (40) 849-1616</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	